

Prenatal Care Coordination (PNCC) And Home Visitation



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Prenatal Care Coordination (PNCC)

- Medicaid and BadgerCare Plus benefit for pregnant women to assist them to get support and services needed to have a healthy baby
- Purpose: Assure access to medical, social, educational, and other needed services for women at risk for adverse pregnancy outcomes



Prenatal Care Coordination (PNCC)

Components

- Outreach
- Assessment
- Care Plan Development after goal-setting
- Ongoing Care Coordination
- Health Education
- Nutrition Counseling



Prenatal Care Coordination (PNCC)

Key Outcome Indicators

- Tobacco Use
- Alcohol and Other Drug Use
- Breastfeeding
- Safe Infant Sleep Practices
- Perinatal Depression
- Family Planning
- Involved Father

Prenatal Care Coordination (PNCC)

Providers

- Nurses
- Social Workers
- Qualified and trained Para-professionals

Standards of Practice

- State had particular user guidelines
- Training to be provided to all case managers
- Agencies to establish policies and procedures



Prenatal Care Coordination (PNCC)

How is this provided to
recipients?

- Home Visitation is most common
- Others:
 - Case Manager at a Medical Clinic
 - Case Manager at Community Clinic
 - Professional at a WIC clinic

Milwaukee Health Department Prenatal Home Visiting Programs



- Empowering Families of Milwaukee (EFM)
- Nurse-Family Partnership (NFP)
- Parents Nurturing and Caring for their Children (PNCC)

Parallel Goals

- Improve pregnancy and birth outcomes
- Improve child health, safety and development
- Enhance family functioning and improve parent's economic self-sufficiency
- Prevent child abuse and neglect



Interventions with Families

- Engage in good preventive health practices including obtaining thorough prenatal care
- Improve their diet
- Reduce their use of cigarettes, alcohol and illegal substances
- Provide responsible and competent care for their child
- Assure attachment and bonding with their child during pregnancy, infancy and toddlerhood
- Develop a vision for their own future
- Plan future pregnancies
- Continue their education and/or find work
- Provide resources and referrals for services





2013 WI Neonatal Abstinence Syndrome (NAS)

- 40% Increase in number of babies with NAS
- Of the babies born with NAS
 - 76% the mother was white
 - 80% of the babies were on Medicaid



MHD Home Visit Programs 2013 Data from SPHERE

- 170 Prenatal Assessments were completed
- Clients who self reported use of street drugs in the past year at program intake: 15 (8.3%)
- During ongoing monitoring during pregnancy- clients who self reported use of street drugs: 1 (0.5%).

Thank you!



Tom Barrett, Mayor
Bevan K. Baker,
Commissioner of Health
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Questions